

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl096192 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____ | (X3) DATE SURVEY COMPLETED 08/27/2018 |
| NAME OF PROVIDER OR SUPPLIER ASA LIVING I | | STREET ADDRESS, CITY, STATE, ZIP CODE 1308 BEN BREWINGTON DRIVE GOLDSBORO, NC 27530 | | |
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| V 000 | INITIAL COMMENTS An annual survey was completed on August 27, 2018. Deficiencies were cited. This facility is licensed for the following serviced category: 10A NCAC 27G .5600, Supervised Living for Adults with Mental Illness. | V 000 | | |
| V 111 | 27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. | V 111 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| V 111 | Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete an admission assessment prior to the delivery of services for 1 of 3 audited clients (#4). The findings are: Review on 8/27/18 of Client #4's record revealed: - 55 year old male admitted to the facility 8/3/18. - Diagnoses included Schizoaffective Disorder, Bipolar type. - No assessment completed prior to admission to the facility and delivery of services. During interview on 8/27/18 client #4 stated he liked to go to a local fast food restaurant to hang out with his friends. During interview on 8/27/18 Staff #1 stated he did not realize an assessment was required to be completed prior to delivery of services. Client #4 was recently admitted from another facility. Client #4 was scheduled to go to the doctor and would be assessed at that time. | V 111 | | |
| V 112 | 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to | V 112 | | |

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| V 112 | <p>Continued From page 2</p> <p>receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to obtain clients' consent or agreement on the treatment/habilitation plan and failed to obtain a written statement why consent could not be obtained for 3 of 3 audited clients. (#2, #3, & #4). The findings are:</p> <p>Review on 8/27/18 of client #2's record revealed: - 43 year old male admitted to the facility 9/15/09. - Diagnoses included Schizophrenia, paranoid type, Non-Insulin Dependent Diabetes Mellitus, Hyperlipidemia; Gastroesophageal Reflux Disease, Seasonal Allergies. - Person Centered Plan dated 6/30/18, signed by only the Qualified Professional (QP). - No client signature on the Person Centered</p> | V 112 | | |

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| V 112 | Continued From page 3 Plan. Review on 8/27/18 of client #3's record revealed: - 57 year old male admitted to the facility 9/15/07. - Diagnoses included Schizophrenia, Major Depressive Disorder. - Person Centered Plan dated 8/7/18, signed only by the QP. - No client signature on the Person Centered Plan. Review on 8/27/18 of client #4's record revealed: - 55 year old male admitted to the facility 8/3/18. - Diagnoses included Schizoaffective Disorder, Bipolar type. - Person Centered Plan dated 8/8/18, signed only by the QP. - No client signature on the Person Centered Plan. Telephone interview with the QP was attempted 8/27/18 with no success. During interview on 8/27/18 staff #1 stated he was aware only the QP had signed the person centered plans. He would see that the clients' signatures were obtained. | V 112 | | |
| V 118 | 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the | V 118 | | |

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| V 118 | <p>Continued From page 4</p> <p>client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations, and interview, the facility failed to ensure 1 of 3 audited clients (#2) had a physician's order to self-administer fingerstick blood sugar checks and failed to ensure 3 of 3 audited clients (#2, #3, and #4) had physician's orders for medications administered. The findings are:</p> <p>Review on 8/27/18 of client #2's record revealed:</p> <ul style="list-style-type: none"> - 43 year old male admitted to the facility 9/15/09. - Diagnoses included Schizophrenia, paranoid type, Non-Insulin Dependent Diabetes Mellitus, Hyperlipidemia; Gastroesophageal Reflux | V 118 | | |

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| V 118 | <p>Continued From page 5</p> <p>Disease (GERD), Seasonal Allergies.</p> <ul style="list-style-type: none"> - Physician's order dated 6/22/16 to discontinue omeprazole (generic for Prilosec, used to treat GERD) 20 milligrams (mg) 1 tablet by mouth daily. - No current physician's order for omeprazole 20mg 1 tablet by mouth daily. - No physician's order for self-administration of fingerstick blood sugar checks. <p>Review on 8/27/18 of client #2's MAR's for June - August 2018 revealed:</p> <ul style="list-style-type: none"> - Transcription for omeprazole 20 mg 1 tablet by mouth daily, with staff initials to indicate that the medication was given daily. - Transcription for fingerstick blood sugar checks daily, with staff initials and blood sugar levels documented daily. <p>Observation on 8/27/18 at 10:20 am of client #2's medications on hand revealed:</p> <ul style="list-style-type: none"> - Supply of omeprazole 20 mg, 1 tablet by mouth daily, dispensed 8/23/18. <p>During interview on 8/27/18 client #2 stated staff assisted him to take his medications daily and he had never missed any doses. He performed his own fingerstick blood sugar checks.</p> <p>Review on 8/27/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 57 year old male admitted to the facility 9/15/07. - Diagnoses included Schizophrenia, Major Depressive Disorder. - No physician's order for Flintstone Chewable plus Iron vitamin, one tablet every morning. - No physician's order for stool softener 250 mg one tablet by mouth daily. <p>Review on 8/27/18 of client #3's MARs for June - August 2018 revealed:</p> | V 118 | | |

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| V 118 | <p>Continued From page 6</p> <ul style="list-style-type: none"> - Transcribed entry for Flintstone Chewable plus Iron vitamin one tablet every morning, with staff initials to indicate the medication was given daily. - Transcribed entry for stool softener, 250 mg one tablet daily with staff initials to indicate that the medication was given daily. <p>Observation on 8/27/18 at 10:45 of client #3's medications on hand revealed:</p> <ul style="list-style-type: none"> - Supply of Flintstone Chewable plus Iron vitamins, 1 tablet by mouth every morning, dispensed 8/23/18. - Supply of stool softener 250 mg, one tablet daily, dispensed 7/26/18. <p>During interview on 8/27/18 client #3 stated staff assisted him with his medications and he had never missed any.</p> <p>Review on 8/27/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 55 year old male admitted to the facility 8/3/18. - Diagnoses included Schizoaffective Disorder, Bipolar type. - FL-2 signed by a physician with an illegible date, with the following medications listed: lithium carbonate (used to treat manic episodes of bipolar disorder), 1 tablet daily, with no medication strength documented, haloperidol (generic for Haldol, an anti-psychotic) 1 tablet in the morning and 2 tablets at 6 pm, with no medication strength documented and benztropine (generic for Cogentin), used to treat side effects of other medications) one tablet by mouth every morning with no medication strength documented. - No physician's orders included medication strengths for lithium carbonate, haloperidol, or benztropine. <p>Review on 8/27/18 of client #4's MAR for August</p> | V 118 | | |

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| V 118 | Continued From page 7 2018 revealed: - Handwritten MAR with name of previous placement printed at the top of the page. - Handwritten transcriptions for lithium carbonate 300 mg, one tablet by mouth every morning and 2 tablets by mouth at 6 pm; haloperidol 10 mg one tablet by mouth twice daily; and benztropine 2 mg one tablet by mouth every morning. Observation on 8/27/18 at 11:10 am of client #4's medications on hand revealed: - Supply of lithium carbonate 300 mg one tablet by mouth in the morning and 2 tablets by mouth at 6 pm, dispensed 8/14/18. - Supply of haloperidol 10 mg one tablet by mouth twice daily, dispensed 8/14/18. - Supply of benztropine 2 mg one tablet by mouth every morning, dispensed 8/01/18. During interview on 8/27/18 client #4 stated he took his medications daily with staff assistance. During interview on 8/27/18 staff #1 stated he was usually the staff person to administer medications. The physicians faxed medication orders to the pharmacy and sometimes they never saw a prescription. He understood the requirement to have a physician's order for all medications administered. He was not aware that a physician's order was required for a client to self-administer fingerstick blood sugar checks. | V 118 | | |
| V 120 | 27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, | V 120 | | |

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| V 120 | <p>Continued From page 8</p> <p>well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure all medications were stored securely in a locked cabinet. The findings are:</p> <p>Observation on 8/27/18 at approximately 9:30 am revealed: - Staff #1 removed a small plastic box from a kitchen drawer. - A small bottle of over the counter Aleve (naproxen sodium, an anti-inflammatory used for pain relief) contained 4 tablets, a bottle of over the counter Fish Oil capsules, a bottle of rubbing alcohol, an open box of lancets, and client #2's glucometer in an unlocked kitchen cabinet.</p> <p>During interview on 8/27/18 staff #1 stated the box removed from the kitchen drawer contained his medications.</p> <p>During telephone interview on 8/27/18 the</p> | V 120 | | |

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| V 120 | Continued From page 9 Director/Owner stated she understood the requirement for all medications to be stored securely. | V 120 | | |
| V 131 | G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete Health Care Personnel Registry (HCPR) check prior to hire for the Qualified Professional (QP). The findings are: Review on 8/27/18 of the Qualified Professional's personnel record revealed: - Hire date of 2/15/14. - No documented evidence of completion of a HCPR check prior to hire. Telephone interview with the QP was attempted 8/27/18 with no success. During interview on 8/27/18 Staff #1 stated the QP visited the facility at least monthly; he did not realize a HCPR check was required for the QP. | V 131 | | |

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| V 133 | Continued From page 10 | V 133 | | |
| V 133 | <p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT.</p> <p>(a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall</p> | V 133 | | |

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| V 133 | Continued From page 11 return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: | V 133 | | |

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| V 133 | <p>Continued From page 12</p> <p>(1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or</p> | V 133 | | |

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| V 133 | Continued From page 13 felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. | V 133 | | |

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| V 133 | <p>Continued From page 14</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to request state criminal background check within five business days of employment for the Qualified Professional (QP). The findings are:</p> <p>Review on 8/27/18 of the Qualified Professional's personnel record revealed:</p> <ul style="list-style-type: none"> - Hire date of 2/15/14. - No documented evidence of statewide criminal record check being requested. <p>Telephone interview with the QP was attempted</p> | V 133 | | |

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| V 133 | Continued From page 15 8/27/18 with no success. During interview on 8/27/18 Staff #1 stated the QP visited the facility at least monthly; he did not realize a criminal record check was required for the QP. | V 133 | | |
| V 290 | 27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or | V 290 | | |

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| V 290 | <p>Continued From page 16</p> <p>more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility filed to ensure a client's treatment or habilitation plan documented the client was capable of remaining in the community without supervision for a specified period of time for 1 of 3 audited clients (#3). The findings are:</p> <p>Review on 8/27/18 of client #3's record revealed:</p> <ul style="list-style-type: none"> - 57 year old male admitted to the facility 9/15/07. - Diagnoses included Schizophrenia, Major Depressive Disorder. - Person Centered Plan dated 8/7/18 with no documentation that client was capable of remaining in the community without supervision for a specified period of time. <p>Interview on 8/27/18 client #3 stated:</p> <ul style="list-style-type: none"> - He had a job at a local automobile shop. - He rode his bicycle to work. - He enjoyed having unsupervised time. | V 290 | | |

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| V 290 | Continued From page 17 Interview on 8/27/18 staff #1 stated: - 4 facility clients, including client #3, had unsupervised time. - Client #3 rode his bicycle to his job at the automobile shop. - Clients were expected to let staff know where they were going and when they expected to return to the facility prior to leaving. - He thought client #3's unsupervised time was documented in his plan. | V 290 | | | |
| V 736 | 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean and orderly manner. The findings are: Observation of the facility between approximately 9:15 am and 9:30 am on 8/27/18 revealed: - A heavy odor of cigarette smoke upon entering the facility. - The living room ceiling was very dirty and visibly dusty. - The plastic blinds over the kitchen sink had yellow and brown stains. - The kitchen ceiling was visibly dusty. - Glue traps with dead insects, including roaches, in the lower kitchen cabinets. - The carpet in client #1 & #4's bedroom was | V 736 | | | |

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| V 736 | <p>Continued From page 18</p> <p>stained and had particulate matter evident.</p> <ul style="list-style-type: none"> - The ceiling fan in client #1 and #4's bedroom was visibly dusty. - 2 doorknobs were missing from client #1 and #4's closet doors. - The vinyl flooring was peeling up at the bathtub and at the base of the toilet in client #1 and #4's private bathroom. - A yellow liquid pooled around the base of the toilet in client #1 and #4's private bathroom. - The bathroom walls and light fixture over the sink were dusty. - A glue trap on the floor behind the toilet in the hall bathroom had dead insects, including roaches. - Heavy mildew staining on the bottom of the shower curtain liner in the hall bathroom. - The ceiling exhaust fan in the hall bathroom was very heavily soiled and dusty. - Slight yellowed staining, as if from a leak, to the ceiling above the sink in the hall bathroom. - The carpet in client #1's bedroom was stained and had particulate matter evident. - Dead insects were in the light fixture. - A door knob was missing from client #1's closet door. - A glue trap with dead insects was behind client #1's bedroom door. - The carpet in client #3's bedroom was stained and had particulate matter evident. - A door knob was missing from client #3's closet door. - The walls next to client #3's bed and door were scuffed and scratched. <p>Interview on 8/27/18 staff #1 stated the facility had not experienced any issues with insects in the last 3 months. Client #4 was new to the facility and needed assistance cleaning the bathroom. He thought the liquid pooled around the toilet in</p> | V 736 | | |

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| V 736 | Continued From page 19 the private bathroom was a cleaning liquid client #4 had spilled. Facility clients sat on the front porch to smoke cigarettes and the odor came into the facility when the door was opened. | V 736 | | | |